

Utah Department of Health
TB Control/Refugee Health Program
MONTHLY TB SKIN TEST REPORT

Reporting Agency: _____ Contact Person: _____

Reporting Month: _____ Phone Number: _____

Directions: Please fill in **monthly numbers** for each category

TB Testing Data

Total Number of TB Skin Tests Administered	_____
Total Number of TB Skin Tests Read	_____
Number of TB Skin Tests Positive	_____
Number Receiving X-rays	_____

Age Breakdown

Age	Male	Female
0-14		
15-64		
65 >		
Total		

Reasons for Testing

Condition for Job/School	
Correctional Facility	
Refugee/Immigrant	
Homeless	
Substance Abuse	
Immunocompromised	
Migrant Farm Worker	
Missionary	
Nursing Home	
TB Contact	
Other	

Ethnicity

Caucasian	
Asian	
Hispanic	
Native American	
African American	
Pacific Islander	

Send to: Utah Department of Health, TB and Refugee Health Program, Box 142105, Salt Lake City, UT 84114-2105 or

E-mail to: jolivers@utah.gov

Phone: (801) 538-6224 - Fax: (801) 538-9913

This report is due by the 10th of each month.